

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 9661-072-997																									
Effectiv January 1, 2003					10/669869																									
CLAIMS AS FILED - PART I																														
(Column 1)		(Column 2)			SMALL ENTITY TYPE	OTHER THAN SMALL ENTITY																								
TOTAL CLAIMS		42			<input type="checkbox"/>	<input type="checkbox"/>																								
FOR		NUMBER FILED	NUMBER EXTRA		<input type="checkbox"/>	<input type="checkbox"/>																								
TOTAL CHARGEABLE CLAIMS		42 minus 20 =	22		<input type="checkbox"/>	<input type="checkbox"/>																								
INDEPENDENT CLAIMS		42 minus 3 =	1		<input type="checkbox"/>	<input type="checkbox"/>																								
MULTIPLE DEPENDENT CLAIM PRESENT					<input checked="" type="checkbox"/>	<input type="checkbox"/>																								
• If the difference in column 1 is less than zero, enter "0" in column 2																														
CLAIMS AS AMENDED - PART II					AMENDMENT A	AMENDMENT B	AMENDMENT C	AMENDMENT D	AMENDMENT E	AMENDMENT F	AMENDMENT G	AMENDMENT H	AMENDMENT I	AMENDMENT J	AMENDMENT K	AMENDMENT L	AMENDMENT M	AMENDMENT N	AMENDMENT O	AMENDMENT P	AMENDMENT Q	AMENDMENT R	AMENDMENT S	AMENDMENT T	AMENDMENT U	AMENDMENT V	AMENDMENT W	AMENDMENT X	AMENDMENT Y	AMENDMENT Z
(Column 1)		(Column 2)			(Column 3)		SMALL ENTITY		OR		SMALL ENTITY		OTHER THAN SMALL ENTITY																	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR			PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE		ADDI- TIONAL FEE																	
Total	• 42	Minus	• 42	=	<i>Since</i>		X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>	X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>																
Independent	• 4	Minus	• 4	=	<i>Since</i>		X42=	<input type="checkbox"/>	X84=	<input type="checkbox"/>	+140=	<input type="checkbox"/>	+280=	<input type="checkbox"/>																
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>	<input type="checkbox"/>	TOTAL		ADDITIONAL FEE		TOTAL		ADDITIONAL FEE																	
6-20-06					<input type="checkbox"/>	<input type="checkbox"/>	TOTAL		ADDITIONAL FEE		TOTAL		ADDITIONAL FEE																	
(Column 1)		(Column 2)			(Column 3)		RATE		ADDITIONAL FEE		RATE		ADDITIONAL FEE																	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR			PRESENT EXTRA		X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>	X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>																
Total	• 42	Minus	• 42	=	<i>Since</i>		X42=	<input type="checkbox"/>	X84=	<input type="checkbox"/>	+140=	<input type="checkbox"/>	+280=	<input type="checkbox"/>																
Independent	• 4	Minus	• 4	=	<i>Since</i>		TOTAL		ADDITIONAL FEE		TOTAL		ADDITIONAL FEE																	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>	<input type="checkbox"/>	TOTAL		ADDITIONAL FEE		TOTAL		ADDITIONAL FEE																	
6-6-07					<input type="checkbox"/>	<input type="checkbox"/>	TOTAL		ADDITIONAL FEE		TOTAL		ADDITIONAL FEE																	
(Column 1)		(Column 2)			(Column 3)		RATE		ADDITIONAL FEE		RATE		ADDITIONAL FEE																	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR			PRESENT EXTRA		X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>	X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>																
Total	• 21	Minus	• 42	=	<i>42</i>		X42=	<input type="checkbox"/>	X84=	<input type="checkbox"/>	+140=	<input type="checkbox"/>	+280=	<input type="checkbox"/>																
Independent	• 2	Minus	• 4	=	<i>4</i>		TOTAL		ADDITIONAL FEE		TOTAL		ADDITIONAL FEE																	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>	<input type="checkbox"/>	TOTAL		ADDITIONAL FEE		TOTAL		ADDITIONAL FEE																	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>																	
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>																	
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>																	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>																	